

US



Akerman Senterfitt

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**  
 (Includes Reference to PCT International Applications)

 ATTORNEY DOCKET NUMBER  
 5853-407-1

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe that I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BLIND EQUALIZERS USING PROBABILITY DENSITY MATCHING AND PARZEN WINDOWING

the specification of which (check only one item below):

- is attached hereto.
- was filed as U.S. Patent Application Serial Number 10/814,448 on March 31, 2004, as amended on \_\_\_\_\_ (if applicable).
- was filed as a PCT international application number \_\_\_\_\_ on \_\_\_\_\_, as amended on \_\_\_\_\_ (if applicable).

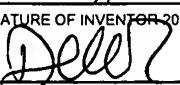
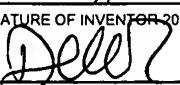
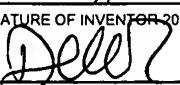
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or (f), or §365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application, having a filing date before that of the applications on which priority is claimed:

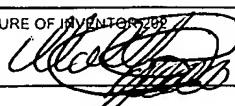
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached?                                 |
|-------------------------------------|---------|----------------------------------|--------------------------|--|
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

| COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY<br>(Includes Reference to PCT International Applications)  |   | ATTORNEY DOCKET NUMBER<br>5853-407-1                           |  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
|--|---|--|--|---------|--------------------|--|--|-------------------------|------------------|----------|-----------|---------|------------|----------------|--|--|---|--|--|--|--|--|--|--|--|--|--|------------------------|-----------------|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|---|--|--|-----|-------------------------|---------------------------|-------------------|--|------------------------|----------------------------------|---|---------------------|--|-----|-----------------------|-------------------------------|-------------------|---|---------------------------|---------------------------------|---|----------------|---|-----|-------------------------|--------------------------|-----------------------------|--|------------------------|-------------------------------|--|---------------------|--|---|--|--|--|--|---------------------------|---------------------------|----------------------|------|------|
| <p>I hereby claim the benefit under 35 U.S.C. Sections 120 or 119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:</p> <p><b>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120:</b></p> <table border="1"> <thead> <tr> <th colspan="2">U.S. APPLICATIONS</th> <th colspan="3">STATUS (Check One)</th> </tr> <tr> <th>U.S. APPLICATION NUMBER</th> <th>U.S. FILING DATE</th> <th>PATENTED</th> <th>ABANDONED</th> <th>PENDING</th> </tr> </thead> <tbody> <tr> <td>60/459,287</td> <td>MARCH 31, 2003</td> <td></td> <td></td> <td>✓</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>PCT APPLICATIONS DESIGNATING THE U.S.</b></p> <table border="1"> <thead> <tr> <th>PCT APPLICATION NUMBER</th> <th>PCT FILING DATE</th> <th>U.S. SERIAL NUMBERS</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.</p> <table border="1"> <tr> <td colspan="2">Send Correspondence to: *Customer Number 30448*</td> <td>Direct Telephone Calls to: Gregory A. Nelson<br/>(561) 653-5000</td> </tr> <tr> <td colspan="2">Akerman Senterfitt<br/>P.O. Box 3188<br/>West Palm Beach, FL 33402-3188</td> <td></td> </tr> <tr> <td rowspan="3">201</td> <td>FAMILY NAME<br/>ERDOGMUS</td> <td>FIRST GIVEN NAME<br/>DENIZ</td> <td>SECOND GIVEN NAME</td> </tr> <tr> <td>RESIDENCE &amp; CITIZENSHIP<br/>CITY<br/>GAINESVILLE</td> <td>STATE OR COUNTRY<br/>FL</td> <td>COUNTRY OF CITIZENSHIP<br/>TURKEY</td> </tr> <tr> <td>MAILING ADDRESS<br/>2915-67 S.W. 13th STREET</td> <td>CITY<br/>GAINESVILLE</td> <td>STATE &amp; ZIP CODE/COUNTRY<br/>FL 32608 USA</td> </tr> <tr> <td rowspan="3">202</td> <td>FAMILY NAME<br/>LAZARO</td> <td>FIRST GIVEN NAME<br/>MARCELINO</td> <td>SECOND GIVEN NAME</td> </tr> <tr> <td>RESIDENCE &amp; CITIZENSHIP<br/>CITY<br/>MADRID</td> <td>STATE OR COUNTRY<br/>SPAIN</td> <td>COUNTRY OF CITIZENSHIP<br/>SPAIN</td> </tr> <tr> <td>MAILING ADDRESS<br/>C/POLVORANCA NO. 1, 2 B, LEGANES</td> <td>CITY<br/>MADRID</td> <td>STATE &amp; ZIP CODE/COUNTRY<br/>SPAIN 28911</td> </tr> <tr> <td rowspan="3">203</td> <td>FAMILY NAME<br/>PRINCipe</td> <td>FIRST GIVEN NAME<br/>JOSE</td> <td>SECOND GIVEN NAME<br/>CARLOS</td> </tr> <tr> <td>RESIDENCE &amp; CITIZENSHIP<br/>CITY<br/>GAINESVILLE</td> <td>STATE OR COUNTRY<br/>FL</td> <td>COUNTRY OF CITIZENSHIP<br/>USA</td> </tr> <tr> <td>MAILING ADDRESS<br/>5027 N.W. 67th STREET</td> <td>CITY<br/>GAINESVILLE</td> <td>STATE &amp; ZIP CODE/COUNTRY<br/>FL 32653 USA</td> </tr> <tr> <td colspan="4"> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p> </td> </tr> <tr> <td>SIGNATURE OF INVENTOR 201<br/></td> <td>SIGNATURE OF INVENTOR 202</td> <td>SIGNATURE OF INVENTOR 203</td> </tr> <tr> <td>DATE<br/>June 4, 2004</td> <td>DATE</td> <td>DATE</td> </tr> </table> |   |  | U.S. APPLICATIONS                        |         | STATUS (Check One) |  |  | U.S. APPLICATION NUMBER | U.S. FILING DATE | PATENTED | ABANDONED | PENDING | 60/459,287 | MARCH 31, 2003 |  |  | ✓ |  |  |  |  |  |  |  |  |  |  | PCT APPLICATION NUMBER | PCT FILING DATE | U.S. SERIAL NUMBERS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Send Correspondence to: *Customer Number 30448* |  | Direct Telephone Calls to: Gregory A. Nelson<br>(561) 653-5000 | Akerman Senterfitt<br>P.O. Box 3188<br>West Palm Beach, FL 33402-3188 |  |  | 201 | FAMILY NAME<br>ERDOGMUS | FIRST GIVEN NAME<br>DENIZ | SECOND GIVEN NAME | RESIDENCE & CITIZENSHIP<br>CITY<br>GAINESVILLE | STATE OR COUNTRY<br>FL | COUNTRY OF CITIZENSHIP<br>TURKEY | MAILING ADDRESS<br>2915-67 S.W. 13th STREET | CITY<br>GAINESVILLE | STATE & ZIP CODE/COUNTRY<br>FL 32608 USA | 202 | FAMILY NAME<br>LAZARO | FIRST GIVEN NAME<br>MARCELINO | SECOND GIVEN NAME | RESIDENCE & CITIZENSHIP<br>CITY<br>MADRID | STATE OR COUNTRY<br>SPAIN | COUNTRY OF CITIZENSHIP<br>SPAIN | MAILING ADDRESS<br>C/POLVORANCA NO. 1, 2 B, LEGANES | CITY<br>MADRID | STATE & ZIP CODE/COUNTRY<br>SPAIN 28911 | 203 | FAMILY NAME<br>PRINCipe | FIRST GIVEN NAME<br>JOSE | SECOND GIVEN NAME<br>CARLOS | RESIDENCE & CITIZENSHIP<br>CITY<br>GAINESVILLE | STATE OR COUNTRY<br>FL | COUNTRY OF CITIZENSHIP<br>USA | MAILING ADDRESS<br>5027 N.W. 67th STREET | CITY<br>GAINESVILLE | STATE & ZIP CODE/COUNTRY<br>FL 32653 USA | <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p> |  |  |  | SIGNATURE OF INVENTOR 201<br> | SIGNATURE OF INVENTOR 202 | SIGNATURE OF INVENTOR 203 | DATE<br>June 4, 2004 | DATE | DATE |
| U.S. APPLICATIONS  |   | STATUS (Check One)   |  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
| U.S. APPLICATION NUMBER  | U.S. FILING DATE                                    | PATENTED   | ABANDONED                                | PENDING |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
| 60/459,287   | MARCH 31, 2003                                      |  |  | ✓       |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
|  |   |  |  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
|  |   |  |  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
| PCT APPLICATION NUMBER   | PCT FILING DATE                                     | U.S. SERIAL NUMBERS  |  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
|  |   |  |  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
|  |   |  |  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
|  |   |  |  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
|  |   |  |  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
| Send Correspondence to: *Customer Number 30448*  |   | Direct Telephone Calls to: Gregory A. Nelson<br>(561) 653-5000 |  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
| Akerman Senterfitt<br>P.O. Box 3188<br>West Palm Beach, FL 33402-3188  |   |  |  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
| 201  | FAMILY NAME<br>ERDOGMUS                             | FIRST GIVEN NAME<br>DENIZ                                      | SECOND GIVEN NAME                        |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
|  | RESIDENCE & CITIZENSHIP<br>CITY<br>GAINESVILLE      | STATE OR COUNTRY<br>FL   | COUNTRY OF CITIZENSHIP<br>TURKEY         |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
|  | MAILING ADDRESS<br>2915-67 S.W. 13th STREET         | CITY<br>GAINESVILLE  | STATE & ZIP CODE/COUNTRY<br>FL 32608 USA |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
| 202  | FAMILY NAME<br>LAZARO                               | FIRST GIVEN NAME<br>MARCELINO                                  | SECOND GIVEN NAME                        |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
|  | RESIDENCE & CITIZENSHIP<br>CITY<br>MADRID           | STATE OR COUNTRY<br>SPAIN                                      | COUNTRY OF CITIZENSHIP<br>SPAIN          |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
|  | MAILING ADDRESS<br>C/POLVORANCA NO. 1, 2 B, LEGANES | CITY<br>MADRID   | STATE & ZIP CODE/COUNTRY<br>SPAIN 28911  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
| 203  | FAMILY NAME<br>PRINCipe                             | FIRST GIVEN NAME<br>JOSE                                       | SECOND GIVEN NAME<br>CARLOS              |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
|  | RESIDENCE & CITIZENSHIP<br>CITY<br>GAINESVILLE      | STATE OR COUNTRY<br>FL   | COUNTRY OF CITIZENSHIP<br>USA            |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
|  | MAILING ADDRESS<br>5027 N.W. 67th STREET            | CITY<br>GAINESVILLE  | STATE & ZIP CODE/COUNTRY<br>FL 32653 USA |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>  |   |  |  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
| SIGNATURE OF INVENTOR 201<br>   | SIGNATURE OF INVENTOR 202                           | SIGNATURE OF INVENTOR 203                                      |  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |
| DATE<br>June 4, 2004   | DATE  | DATE   |  |         |                    |  |  |                         |                  |          |           |         |            |                |  |  |   |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |     |                         |                           |                   |  |                        |                                  |   |                     |  |     |                       |                               |                   |   |                           |                                 |   |                |   |     |                         |                          |                             |  |                        |                               |  |                     |  |   |  |  |  |  |                           |                           |                      |      |      |

US

Akerman Senterfitt

| COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY<br>(Includes Reference to PCT International Applications)  |                         | ATTORNEY DOCKET NUMBER<br>5853-407-1   |                                      |   |
|--|-------------------------|--|--------------------------------------|---|
| <p>I hereby claim the benefit under 35 U.S.C. Sections 120 or 119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:</p> |                         |  |                                      |   |
| PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120:   |                         |  |                                      |   |
| U.S. APPLICATIONS  |                         | STATUS (Check One)   |                                      |   |
| U.S. APPLICATION NUMBER  | U.S. FILING DATE        | PATENTED   | ABANDONED                            | PENDING   |
| 60/459,287   | MARCH 31, 2003          |  |                                      | <input checked="" type="checkbox"/>             |
|  |                         |  |                                      |   |
|  |                         |  |                                      |   |
| PCT APPLICATIONS DESIGNATING THE U.S.  |                         |  |                                      |   |
| PCT APPLICATION NUMBER   | PCT FILING DATE         | U.S. SERIAL NUMBERS  |                                      |   |
|  |                         |  |                                      |   |
|  |                         |  |                                      |   |
|  |                         |  |                                      |   |
| <p><b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.</p>  |                         |  |                                      |   |
| Send Correspondence to: *Customer Number 30448*  |                         | Direct Telephone Calls to: Gregory A. Nelson<br>(561) 653-5000   |                                      |   |
| Akerman Senterfitt<br>P.O. Box 3188<br>West Palm Beach, FL 33402-3188  |                         |  |                                      |   |
| 201  | FULL NAME OF INVENTOR   | FAMILY NAME<br><u>ERDOGMUS</u>   | FIRST GIVEN NAME<br><u>DENIZ</u>     | SECOND GIVEN NAME                               |
|  | RESIDENCE & CITIZENSHIP | CITY<br><u>GAINESVILLE</u>   | STATE OR COUNTRY<br><u>FL</u>        | COUNTRY OF CITIZENSHIP<br><u>TURKEY</u>         |
|  | MAILING ADDRESS         | MAILING ADDRESS<br><u>2915-67 S.W. 13th STREET</u>   | CITY<br><u>GAINESVILLE</u>           | STATE & ZIP CODE/COUNTRY<br><u>FL 32608 USA</u> |
| 202  | FULL NAME OF INVENTOR   | FAMILY NAME<br><u>LAZARO</u>   | FIRST GIVEN NAME<br><u>MARCELINO</u> | SECOND GIVEN NAME                               |
|  | RESIDENCE & CITIZENSHIP | CITY<br><u>MADRID</u>  | STATE OR COUNTRY<br><u>SPAIN</u>     | COUNTRY OF CITIZENSHIP<br><u>SPAIN</u>          |
|  | MAILING ADDRESS         | MAILING ADDRESS<br><u>C/POLVORANCA NO. 1, 2 B, LEGANES</u>   | CITY<br><u>MADRID</u>                | STATE & ZIP CODE/COUNTRY<br><u>SPAIN 28911</u>  |
| 203  | FULL NAME OF INVENTOR   | FAMILY NAME<br><u>PRINCipe</u>   | FIRST GIVEN NAME<br><u>JOSE</u>      | SECOND GIVEN NAME<br><u>CARLOS</u>              |
|  | RESIDENCE & CITIZENSHIP | CITY<br><u>GAINESVILLE</u>   | STATE OR COUNTRY<br><u>FL</u>        | COUNTRY OF CITIZENSHIP<br><u>USA</u>            |
|  | MAILING ADDRESS         | MAILING ADDRESS<br><u>5027 N.W. 67th STREET</u>  | CITY<br><u>GAINESVILLE</u>           | STATE & ZIP CODE/COUNTRY<br><u>FL 32653 USA</u> |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>  |                         |  |                                      |   |
| SIGNATURE OF INVENTOR 201  |                         | SIGNATURE OF INVENTOR 202<br> | SIGNATURE OF INVENTOR 203            |   |
| DATE   |                         | DATE<br><u>June 4, 2004</u>  | DATE                                 |   |

US

Akerman Senterfitt

| COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY<br>(Includes Reference to PCT International Applications)   |                         | ATTORNEY DOCKET NUMBER<br>5853-407-I                           |  |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
|---|-------------------------|--|--|-------------------------------------|--------------------|--|--|-------------------------|------------------|----------|-----------|---------|------------|----------------|--|--|-------------------------------------|--|--|--|--|--|--|--|--|--|--|------------------------|-----------------|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|---|--|--|--|-----|-----------------------|-------------------------|---------------------------|-------------------------|---------------------|------------------------|-----|-----------------|---|---------------------|-------------------------|----------------|--|-----|-----------------|---|-------------------------------|-------------------------|---------------------|-----------------------------|--|-----------------|--|------------------------|-----------------------|-------------------------|-------------------------------|--|--|---------------------|--|---|--|--|--|---------------------------|--|---------------------------|---------------------------|------|--|------|------|
| <p>I hereby claim the benefit under 35 U.S.C. Sections 120 or 119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:</p> <p><b>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120:</b></p> <table border="1"> <thead> <tr> <th colspan="2">U.S. APPLICATIONS</th> <th colspan="3">STATUS (Check One)</th> </tr> <tr> <th>U.S. APPLICATION NUMBER</th> <th>U.S. FILING DATE</th> <th>PATENTED</th> <th>ABANDONED</th> <th>PENDING</th> </tr> </thead> <tbody> <tr> <td>60/459,287</td> <td>MARCH 31, 2003</td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>PCT APPLICATIONS DESIGNATING THE U.S.</b></p> <table border="1"> <thead> <tr> <th>PCT APPLICATION NUMBER</th> <th>PCT FILING DATE</th> <th>U.S. SERIAL NUMBERS</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.</p> <table border="1"> <tr> <td colspan="2">Send Correspondence to: *Customer Number 30448*</td> <td colspan="2">Direct Telephone Calls to: Gregory A. Nelson<br/>(561) 653-5000</td> </tr> <tr> <td colspan="2">Akerman Senterfitt<br/>P.O. Box 3188<br/>West Palm Beach, FL 33402-3188</td> <td colspan="2"></td> </tr> <tr> <td rowspan="2">201</td> <td>FULL NAME OF INVENTOR</td> <td>FAMILY NAME<br/>ERDOGMUS</td> <td>FIRST GIVEN NAME<br/>DENIZ</td> </tr> <tr> <td>RESIDENCE &amp; CITIZENSHIP</td> <td>CITY<br/>GAINESVILLE</td> <td>STATE OR COUNTRY<br/>FL</td> </tr> <tr> <td rowspan="2">202</td> <td>MAILING ADDRESS</td> <td>MAILING ADDRESS<br/>2915-67 S.W. 13th STREET</td> <td>CITY<br/>GAINESVILLE</td> </tr> <tr> <td>RESIDENCE &amp; CITIZENSHIP</td> <td>CITY<br/>MADRID</td> <td>STATE &amp; ZIP CODE/COUNTRY<br/>FL 32608 USA</td> </tr> <tr> <td rowspan="2">203</td> <td>MAILING ADDRESS</td> <td>MAILING ADDRESS<br/>C/POLVORANCA NO. 1, 2 B, LEGANES</td> <td>FIRST GIVEN NAME<br/>MARCELINO</td> </tr> <tr> <td>RESIDENCE &amp; CITIZENSHIP</td> <td>CITY<br/>GAINESVILLE</td> <td>SECOND GIVEN NAME<br/>CARLOS</td> </tr> <tr> <td rowspan="2"></td> <td>MAILING ADDRESS</td> <td>MAILING ADDRESS<br/>5027 N.W. 67th STREET</td> <td>STATE OR COUNTRY<br/>FL</td> </tr> <tr> <td>FULL NAME OF INVENTOR</td> <td>FAMILY NAME<br/>PRINCipe</td> <td>COUNTRY OF CITIZENSHIP<br/>USA</td> </tr> <tr> <td></td> <td></td> <td>CITY<br/>GAINESVILLE</td> <td>STATE &amp; ZIP CODE/COUNTRY<br/>FL 32653 USA</td> </tr> <tr> <td colspan="4"> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p> </td> </tr> <tr> <td colspan="2">SIGNATURE OF INVENTOR 201</td> <td>SIGNATURE OF INVENTOR 202</td> <td>SIGNATURE OF INVENTOR 203</td> </tr> <tr> <td colspan="2">DATE</td> <td>DATE</td> <td>DATE</td> </tr> </table> <p style="text-align: right;"><i>Scue 8, 2004</i></p> |                         |  | U.S. APPLICATIONS                        |                                     | STATUS (Check One) |  |  | U.S. APPLICATION NUMBER | U.S. FILING DATE | PATENTED | ABANDONED | PENDING | 60/459,287 | MARCH 31, 2003 |  |  | <input checked="" type="checkbox"/> |  |  |  |  |  |  |  |  |  |  | PCT APPLICATION NUMBER | PCT FILING DATE | U.S. SERIAL NUMBERS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Send Correspondence to: *Customer Number 30448* |  | Direct Telephone Calls to: Gregory A. Nelson<br>(561) 653-5000 |  | Akerman Senterfitt<br>P.O. Box 3188<br>West Palm Beach, FL 33402-3188 |  |  |  | 201 | FULL NAME OF INVENTOR | FAMILY NAME<br>ERDOGMUS | FIRST GIVEN NAME<br>DENIZ | RESIDENCE & CITIZENSHIP | CITY<br>GAINESVILLE | STATE OR COUNTRY<br>FL | 202 | MAILING ADDRESS | MAILING ADDRESS<br>2915-67 S.W. 13th STREET | CITY<br>GAINESVILLE | RESIDENCE & CITIZENSHIP | CITY<br>MADRID | STATE & ZIP CODE/COUNTRY<br>FL 32608 USA | 203 | MAILING ADDRESS | MAILING ADDRESS<br>C/POLVORANCA NO. 1, 2 B, LEGANES | FIRST GIVEN NAME<br>MARCELINO | RESIDENCE & CITIZENSHIP | CITY<br>GAINESVILLE | SECOND GIVEN NAME<br>CARLOS |  | MAILING ADDRESS | MAILING ADDRESS<br>5027 N.W. 67th STREET | STATE OR COUNTRY<br>FL | FULL NAME OF INVENTOR | FAMILY NAME<br>PRINCipe | COUNTRY OF CITIZENSHIP<br>USA |  |  | CITY<br>GAINESVILLE | STATE & ZIP CODE/COUNTRY<br>FL 32653 USA | <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p> |  |  |  | SIGNATURE OF INVENTOR 201 |  | SIGNATURE OF INVENTOR 202 | SIGNATURE OF INVENTOR 203 | DATE |  | DATE | DATE |
| U.S. APPLICATIONS   |                         | STATUS (Check One)   |  |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
| U.S. APPLICATION NUMBER   | U.S. FILING DATE        | PATENTED   | ABANDONED                                | PENDING                             |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
| 60/459,287  | MARCH 31, 2003          |  |  | <input checked="" type="checkbox"/> |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
|   |                         |  |  |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
|   |                         |  |  |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
| PCT APPLICATION NUMBER  | PCT FILING DATE         | U.S. SERIAL NUMBERS  |  |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
|   |                         |  |  |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
|   |                         |  |  |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
|   |                         |  |  |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
| Send Correspondence to: *Customer Number 30448*   |                         | Direct Telephone Calls to: Gregory A. Nelson<br>(561) 653-5000 |  |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
| Akerman Senterfitt<br>P.O. Box 3188<br>West Palm Beach, FL 33402-3188   |                         |  |  |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
| 201   | FULL NAME OF INVENTOR   | FAMILY NAME<br>ERDOGMUS  | FIRST GIVEN NAME<br>DENIZ                |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
|   | RESIDENCE & CITIZENSHIP | CITY<br>GAINESVILLE  | STATE OR COUNTRY<br>FL                   |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
| 202   | MAILING ADDRESS         | MAILING ADDRESS<br>2915-67 S.W. 13th STREET                    | CITY<br>GAINESVILLE                      |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
|   | RESIDENCE & CITIZENSHIP | CITY<br>MADRID   | STATE & ZIP CODE/COUNTRY<br>FL 32608 USA |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
| 203   | MAILING ADDRESS         | MAILING ADDRESS<br>C/POLVORANCA NO. 1, 2 B, LEGANES            | FIRST GIVEN NAME<br>MARCELINO            |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
|   | RESIDENCE & CITIZENSHIP | CITY<br>GAINESVILLE  | SECOND GIVEN NAME<br>CARLOS              |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
|   | MAILING ADDRESS         | MAILING ADDRESS<br>5027 N.W. 67th STREET                       | STATE OR COUNTRY<br>FL                   |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
|   | FULL NAME OF INVENTOR   | FAMILY NAME<br>PRINCipe  | COUNTRY OF CITIZENSHIP<br>USA            |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
|   |                         | CITY<br>GAINESVILLE  | STATE & ZIP CODE/COUNTRY<br>FL 32653 USA |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>   |                         |  |  |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
| SIGNATURE OF INVENTOR 201   |                         | SIGNATURE OF INVENTOR 202                                      | SIGNATURE OF INVENTOR 203                |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |
| DATE  |                         | DATE   | DATE                                     |                                     |                    |  |  |                         |                  |          |           |         |            |                |  |  |                                     |  |  |  |  |  |  |  |  |  |  |                        |                 |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |     |                       |                         |                           |                         |                     |                        |     |                 |   |                     |                         |                |  |     |                 |   |                               |                         |                     |                             |  |                 |  |                        |                       |                         |                               |  |  |                     |  |   |  |  |  |                           |  |                           |                           |      |  |      |      |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3**

|   |       |   |                      |
|---|-------|---|----------------------|
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                      |
| Given Name IGNACIO<br>Name                        |       | Family Name or Surname SANTAMARIA   |                      |
| Inventor's Signature                              |       | JUNE, 6th, 2004<br>Date   |                      |
| CANTABRIA<br>Residence: City                      | State | SPAIN<br>Country  | SPAIN<br>Citizenship |
| BARrio PUNTANIA 1A, N 8<br>Mailing Address        |       |   |                      |
| Mailing Address                                   |       |   |                      |
| City CANTABRIA                                    | State | 39120 ZIP   | SPAIN Country        |
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                      |
| Given Name  |       | Family Name or Surname  |                      |
| Inventor's Signature                              |       | Date  |                      |
| Residence: City                                   | State | Country   | Citizenship          |
| Mailing Address                                   |       |   |                      |
| Mailing Address                                   |       |   |                      |
| City  | State | ZIP   | Country              |
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                      |
| Given Name  |       | Family Name or Surname  |                      |
| Inventor's Signature                              |       | Date  |                      |
| Residence: City                                   | State | Country   | Citizenship          |
| Mailing Address                                   |       |   |                      |
| Mailing Address                                   |       |   |                      |
| City  | State | ZIP   | Country              |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231